

Facility Name & ID Number Alden Long Grove Rehab & HC Ctr

0040683 Report Period Beginning: 01/01/2005 Ending: 12/31/2005

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	248	Skilled (SNF)	248	90,520	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	248	TOTALS	248	90,520	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	29,996	2,650	8,082	40,728	8
9	SNF/PED					9
10	ICF	10,776	1,585	607	12,968	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	40,772	4,235	8,689	53,696	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 59.32%

D. How many bed-hold days during this year were paid by the Department?

0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)

F. Does the facility maintain a daily midnight census?

yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES

☐

NO

☒

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES

☐

NO

☒

I. On what date did you start providing long term care at this location?

Date started 3/1/95

J. Was the facility purchased or leased after January 1, 1978?

YES

☒

Date 03/01/95

NO

☐

K. Was the facility certified for Medicare during the reporting year?

YES

☒

NO

☐

If YES, enter number

of beds certified

116

and days of care provided

8,075

Medicare Intermediary Administar Federal, Inc.

IV. ACCOUNTING BASIS

ACCRUAL

☒

MODIFIED

CASH*

☐

CASH*

☐

Is your fiscal year identical to your tax year?

YES

☒

NO

☐

Tax Year: 12/31/2005 Fiscal Year: 12/31/2005

* All facilities other than governmental must report on the accrual basis.

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Facility Name & ID Number Alden Long Grove Rehab & HC Ctr # 0040683 Report Period Beginning: 01/01/2005 Ending: 12/31/2005

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	305,632	31,123	9,600	346,355	1,311	347,666	(5,126)	342,540			1
2	Food Purchase		324,322		324,322	(25,498)	298,824	(24,709)	274,115			2
3	Housekeeping	194,114	44,419		238,533	600	239,133		239,133			3
4	Laundry	40,266	22,764		63,030	260	63,290		63,290			4
5	Heat and Other Utilities			194,480	194,480		194,480	(2,579)	191,901			5
6	Maintenance	36,718		172,171	208,889	164	209,053	9,868	218,921			6
7	Other (specify):* Related Party Salary							46,540	46,540			7
8	TOTAL General Services	576,730	422,628	376,251	1,375,609	(23,163)	1,352,446	23,994	1,376,440			8
	B. Health Care and Programs											
9	Medical Director			76,000	76,000		76,000		76,000			9
10	Nursing and Medical Records	2,802,787	271,210	89,878	3,163,875	(74,156)	3,089,719	625	3,090,344			10
10a	Therapy	96,637			96,637		96,637		96,637			10a
11	Activities	71,587	2,250	5,691	79,528	132	79,660		79,660			11
12	Social Services											12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* Related Party Salary							27,163	27,163			15
16	TOTAL Health Care and Programs	2,971,011	273,460	171,569	3,416,040	(74,024)	3,342,016	27,788	3,369,804			16
	C. General Administration											
17	Administrative	120,989			120,989		120,989		120,989			17
18	Directors Fees											18
19	Professional Services			773,770	773,770	(390)	773,380	(729,515)	43,865			19
20	Dues, Fees, Subscriptions & Promotions			48,073	48,073	(4,513)	43,560	(31,168)	12,392			20
21	Clerical & General Office Expenses	189,071	18,682	67,923	275,676	4,058	279,734	(13,706)	266,028			21
22	Employee Benefits & Payroll Taxes			490,734	490,734	18,355	509,089	(10,071)	499,018			22
23	Inservice Training & Education					32,334	32,334		32,334			23
24	Travel and Seminar			5,804	5,804	1,161	6,965	15,526	22,491			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			286,219	286,219		286,219	233	286,452			26
27	Other (specify):* Related Party Salary			124,234	124,234		124,234	291,233	415,467			27
28	TOTAL General Administration	310,060	18,682	1,796,757	2,125,499	51,005	2,176,504	(477,468)	1,699,036			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,857,801	714,770	2,344,577	6,917,148	(46,182)	6,870,966	(425,686)	6,445,280			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

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Facility Name & ID Number Alden Long Grove Rehab & HC Ctr #0040683 Report Period Beginning: 01/01/2005 Ending: 12/31/2005

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			203,704	203,704		203,704	3,210	206,914			30
31	Amortization of Pre-Op. & Org.							1,500	1,500			31
32	Interest			112,106	112,106		112,106	(38,168)	73,938			32
33	Real Estate Taxes			120,386	120,386		120,386	6,879	127,265			33
34	Rent-Facility & Grounds			1,369,307	1,369,307		1,369,307		1,369,307			34
35	Rent-Equipment & Vehicles			16,485	16,485		16,485	26,499	42,984			35
36	Other (specify):*											36
37	TOTAL Ownership			1,821,988	1,821,988		1,821,988	(80)	1,821,908			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	25,786	712,725	1,046,649	1,785,160	46,182	1,831,342	(232,310)	1,599,032			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			135,780	135,780		135,780		135,780			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	25,786	712,725	1,182,429	1,920,940	46,182	1,967,122	(232,310)	1,734,812			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,883,587	1,427,495	5,348,994	10,660,076		10,660,076	(658,076)	10,002,000			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

Alden of Long Grove
Reporting Period Beginning 1/1/2005
Reporting Period Ending 12/31/2005

Reclassifications

From Line	To Line	Amount	Description
2	22	(25,498.00) 25,498.00	Employee Meals Employee Meals
22	1	(7,143.00) 1,311.00	Uniform Uniform
	3	600.00	Uniform
	4	260.00	Uniform
	6	164.00	Uniform
	10	4,360.00	Uniform
	11	132.00	Uniform
	21	316.00	Uniform
10	23	(32,334.00) 32,334.00	Dart Chart Fees Dart Chart Fees
10	39	(46,182.00) 46,182.00	Oxygen Oxygen
20	21	(263.00) 263.00	Resident Background Check Resident Background Check
20	21	(3,000.00) 3,000.00	eHealth Data Solutions eHealth Data Solutions
24	21	(89.00) 89.00	eHealth Data Solutions eHealth Data Solutions
20	24	(1,250.00) 1,250.00	Deming Seminar Deming Seminar
19	21	(390.00) 390.00	Resident Background Check Resident Background Check
		0.00	Net

Facility Name & ID Number Alden Long Grove Rehab & HC Ctr # 0040683 Report Period Beginning: 01/01/2005 Ending: 12/31/2005

VI. ADJUSTMENT DETAIL A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(10,629)	30		9
10	Interest and Other Investment Income	(396)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,341)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(6,151)	21		17
18	Fines and Penalties	(95)	32		18
19	Entertainment	(1,470)	20		19
20	Contributions	(1,187)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(8,123)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(124,234)	27		24
25	Fund Raising, Advertising and Promotional	(24,983)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(84)	20		28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (178,693)		\$	30

OHF USE ONLY							
48		49		50		51	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(283,335)	Various	34
35	Other- Attach Schedule	(196,048)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (479,383)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (658,076)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		X	\$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late Fees on Utility	\$ (4,495)	5	1
2	Late Fees on Telephone	(38)	21	2
3	Intercompany Interest	(108,828)	32	3
4	Marketing Manager	(70,775)	21	4
5	Back out 2% of Employee Benefits for Mktg Manager	(9,815)	22	5
6	Back out 32.97% of PAC Fees from standards IHCA	(4,004)	20	6
7	Utility Refunds	(876)	5	7
8	Back out prior year accounting fees Blackman (7143)	7,466	21	8
9	Back out prior year accounting fees Blackman (7143)	(7,466)	19	9
10	Simplex Grinnell (7143)	(300)	6	10
11	Collection work-Midwest Medical: Ani Insur. To refund c	(1,380)	19	11
12	Deferred Maintenance	1,311	6	12
13	Aj Deprec to correct detail	3,152	30	13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(196,048)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Long Grove Rehab & HC Ctr # 0040683 Report Period Beginning: 01/01/2005 Ending: 12/31/2005

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	(5,126)	0	0	0	0	0	0	0	(5,126)	1
2	Food Purchase	(1,341)	0	0	(23,368)	0	0	0	0	0	0	0	(24,709)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(5,371)	0	2,792	0	0	0	0	0	0	0	0	(2,579)	5
6	Maintenance	1,011	0	8,312	0	0	0	545	0	0	0	0	9,868	6
7	Other (specify):*	0	0	41,846	4,694	0	0	0	0	0	0	0	46,540	7
8	TOTAL General Services	(5,701)	0	52,950	(23,800)	0	0	545	0	0	0	0	23,994	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	3,834	(3,209)	0	0	0	0	0	0	625	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	27,163	0	0	0	0	0	0	0	0	27,163	15
16	TOTAL Health Care and Programs	0	0	27,163	3,834	(3,209)	0	0	0	0	0	0	27,788	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(16,969)	0	(712,546)	0	0	0	0	0	0	0	0	(729,515)	19
20	Fees, Subscriptions & Promotions	(31,728)	0	560	0	0	0	0	0	0	0	0	(31,168)	20
21	Clerical & General Office Expenses	(69,498)	0	29,325	15,934	10,533	0	0	0	0	0	0	(13,706)	21
22	Employee Benefits & Payroll Taxes	(9,815)	0	0	0	(256)	0	0	0	0	0	0	(10,071)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	15,526	0	0	0	0	0	0	0	0	15,526	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	233	0	0	0	0	0	0	0	0	233	26
27	Other (specify):*	(124,234)	0	379,862	23,579	12,026	0	0	0	0	0	0	291,233	27
28	TOTAL General Administration	(252,244)	0	(287,040)	39,513	22,303	0	0	0	0	0	0	(477,468)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(257,945)	0	(206,927)	19,547	19,094	0	545	0	0	0	0	(425,686)	29

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(7,477)	0	8,035	0	2,652	0	0	0	0	0	0	3,210	30
31	Amortization of Pre-Op. & Org.	0	0	1,500	0	0	0	0	0	0	0	0	1,500	31
32	Interest	(109,319)	0	65,493	0	1,979	3,679	0	0	0	0	0	(38,168)	32
33	Real Estate Taxes	0	0	6,105	0	774	0	0	0	0	0	0	6,879	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	26,499	0	0	0	0	0	0	0	0	26,499	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(116,796)	0	107,632	0	5,405	3,679	0	0	0	0	0	(80)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(173,394)	(31,644)	(27,272)	0	0	0	0	0	(232,310)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	(173,394)	(31,644)	(27,272)	0	0	0	0	0	(232,310)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(374,741)	0	(99,295)	(153,847)	(7,145)	(23,593)	545	0	0	0	0	(658,076)	45

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Alden Management Services	100%	See page 6K				

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

YES

NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V			\$			\$	\$	1
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$			\$	\$ *	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	19	Professional fees	\$ 728,006	Alden Management Services		\$ 15,460	\$ (712,546)	15
16	V	21	Clerical and G & A		Alden Management Services		29,325	29,325	16
17	V	5	Utilities		Alden Management Services		2,792	2,792	17
18	V	6	Maintenance		Alden Management Services		8,312	8,312	18
19	V	24	Travel & seminar		Alden Management Services		15,526	15,526	19
20	V	26	Insurance		Alden Management Services		233	233	20
21	V	20	Dues/subscriptions/fees etc		Alden Management Services		560	560	21
22	V	30	Depreciation		Alden Management Services		8,035	8,035	22
23	V	31	Amortization		Alden Management Services		1,500	1,500	23
24	V	33	Real estate taxes		Alden Management Services		6,105	6,105	24
25	V	35	Rent-equipment/vehicles		Alden Management Services		26,499	26,499	25
26	V	32	Interest		Alden Management Services		65,493	65,493	26
27	V	7	Salaries-general serv		Alden Management Services		41,846	41,846	27
28	V	15	Salaries-health care		Alden Management Services		27,163	27,163	28
29	V	27	Salaries-general admin		Alden Management Services		379,862	379,862	29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 728,006			\$ 628,711	\$ * (99,295)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	Dietary Consultant	\$ 9,600	Prism Health Care Services		\$ 4,474	\$ (5,126)	15
16	V	7	Dietary Sal & Wages		Prism Health Care Services		4,694	4,694	16
17	V	2	Tude Feeding	68,637	Prism Health Care Services		45,269	(23,368)	17
18	V	10	Equipment Rental-patient care	3,060	Prism Health Care Services		6,894	3,834	18
19	V	39	Ancillary supplies	300,589	Prism Health Care Services		84,013	(216,576)	19
20	V	39	Ancillary Vent Rentals		Prism Health Care Services		43,182	43,182	20
21	V	27	Gen'l & Admin Salaries		Prism Health Care Services		23,579	23,579	21
22	V	21	Gen'l & Admin Expense		Prism Health Care Services		15,934	15,934	22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 381,886			\$ 228,039	\$ * (153,847)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Drugs	\$ 213,799	Forum Extended Care II		\$ 304,286	\$ 90,487	15
16	V	10	House Stock	15,486	Forum Extended Care II		13,734	(1,752)	16
17	V	39	IV	141,422	Forum Extended Care II		20,658	(120,764)	17
18	V	39	Wound Vac	6,294	Forum Extended Care II		4,927	(1,367)	18
19	V	10	Pharmacy Consulting	11,352	Forum Extended Care II		9,895	(1,457)	19
20	V	22	Employee Vaccin	1,175	Forum Extended Care II		919	(256)	20
21	V	27	G & A Salary		Forum Extended Care II		12,026	12,026	21
22	V	21	Gen'l Admin		Forum Extended Care II		10,533	10,533	22
23	V	32	Interest		Forum Extended Care II		1,979	1,979	23
24	V	33	Real Estate Tax		Forum Extended Care II		774	774	24
25	V	30	Depreciation		Forum Extended Care II		2,652	2,652	25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 389,528			\$ 382,383	\$ * (7,145)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Therapy Revenue	\$ 1,025,814	Community Physical Therapy	100.00%	\$	(1,025,814)	15
16	V	39	Therapy Expense		Community Physical Therapy		998,542	998,542	16
17	V	32	Interest		Community Physical Therapy		3,679	3,679	17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 1,025,814			\$ 1,002,221	\$ * (23,593)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	Repairs & Maintenance	\$ 23,244	Alden Bennett Construction		\$ 23,789	\$ 545	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 23,244			\$ 23,789	\$ * 545	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

STATE OF ILLINOIS

Page 6K

Facility Name & ID Number **ALDEN NURSING CENTER - LONG GROVE** **# 004-0683**

Report Period Beginning 01/01/05

Ending: 12/31/05

RELATED NURSING HOMES	
Name	City
Note: ANC = Alden Nursing Center	
ANC Lakeland	Chicago
ANC Orland Park	Orland Park
ANC Heather	Harvey
ANC Lincoln Park	Chicago
ANC Waterford	Aurora
ANC Town Manor	Chicago
ANC Terrace of McHenry	McHenry
ANC Morrow	Chicago
ANC Wentworth	Chicago
ANC Naperville	Naperville
ANC Valley Ridge	Bloomington
ANC Village for Children & Young Adults	Bloomington
ANC Northmoor	Chicago
ANC Princeton	Chicago
Alden of Old Town East	Bloomington
Alden of Old Town West	Bloomington
Alden Trails	Bloomington
Alden Northshore	Skokie
ANC Des Plaines	Des Plaines
ANC Des Plaines II	Des Plaines
ANC Alma Nelson	Rockford
ANC Park Stratmoor	Rockford
ANC Meadow Park	Clinton, WI
ANC Poplar Creek	Hoffman Estates
ANC Governor's Park	Barrington
ANC Gardens of Rockford	Rockford

OTHER RELATED BUSINESS ENTITIES		
Name	City	Type of Business
The Forum Prof. Center	Chicago	Office rental
Prism Health Care	Chicago	Nursing supplies
Forum Extended Care II	Chicago	Pharmacy
Alden Management	Chicago	Management
Alden Estates of Evanston	Evanston	Assisted living
Community Physical Thereapy	Wood Dale	Therapy provider
Courts of Waterford	Aurora	Alzheimers unit
Gardens of Waterford	Aurora	Assisted living

Facility Name & ID Number Alden Long Grove Rehab & HC Ctr # 0040683 Report Period Beginning: 01/01/2005 Ending: 12/31/2005

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd Schlossberg a.	President	Chief Executive	100.00	132,949	1.88	4.70	Salary	\$ 6,551	27-7	1
2	Lauren Magnusson b.	Nurse Coordinator	Nursing Admin	0.00	72,196	1.88	4.70	Salary	3,558	15-7	2
3	Terry Magnusson c.	Maint. Supervisor	Construct/Mainter	0.00	49,081	1.88	4.70	Salary	2,419	7-7	3
4											4
5											5
6											6
7	a. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										7
8	b. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is a nurse coordinator.										8
9	c. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry is in maintenance and construction.										9
10											10
11											11
12											12
13								TOTAL	\$ 12,528		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION.

Facility Name & ID Number Alden Long Grove Rehab & HC Ctr # 0040683 Report Period Beginning: 01/01/2005 Ending: 2/31/2005

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization Alden Management Services, Inc.
Street Address 4200 W. Peterson Ave.
City / State / Zip Code Chicago, IL 60646
Phone Number (773) 286-3883
Fax Number (773) 286-3743

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
	1	<u>See page 8A(also on page 6A)</u>				\$	\$			1
	2									2
	3									3
	4									4
	5									5
	6									6
	7									7
	8									8
	9									9
	10									10
	11									11
	12									12
	13									13
	14									14
	15									15
	16									16
	17									17
	18									18
	19									19
	20									20
	21									21
	22									22
	23									23
	24									24
	25	TOTALS				\$	\$		\$	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1	Therapeutic Systems		X				\$					\$	3,183
2													
3													
4													
5													
	Working Capital												
6	Related Party-AMS & Other	X		Working Capital									65,493
7	Related Party-FEC II	X		Working Capital									1,979
8	Related Party-CPT	X		Working Capital									3,679
9	TOTAL Facility Related						\$					\$	74,334
	B. Non-Facility Related*												
10	Offset Interest expense with interest income (GL4964,4983,4646)												(396)
11													
12													
13													
14	TOTAL Non-Facility Related						\$					\$	(396)
15	TOTALS (line 9+line14)						\$					\$	73,938

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ Line #

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2004 report.

2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)

3. Under or (over) accrual (line 2 minus line 1).

4. Real Estate Tax accrual used for 2005 report. (Detail and explain your calculation of this accrual on the lines below.)

5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C.
(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)

6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund.
TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)

7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:

200093,5528

2001103,4439

2002105,53810

2003107,59911

2004113,98612

Accrual based on 3% increase over prior year bill (113,986)

FOR OHF USE ONLY

13FROM R. E. TAX STATEMENT FOR 2004\$13

14PLUS APPEAL COST FROM LINE 5\$14

15LESS REFUND FROM LINE 6\$15

16AMOUNT TO USE FOR RATE CALCULATION \$16

\$111,0001

\$113,9862

\$2,9863

\$117,4004

\$5

\$6

\$120,3867

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.

2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2004 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2004 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2004.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2004 real estate tax bill to the Department of Public Aid, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2005 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2004 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Long Grove Rehab & HC Ctr COUNTY Lake

FACILITY IDPH LICENSE NUMBER 0040683

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

TELEPHONE (773) 286-3883 FAX #: (773) 286-3743

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2004 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2004.

(A)	(B)	(C)	(D) Tax Applicable to Nursing Home
Tax Index Number	Property Description	Total Tax	
1. 14-36-100-002	Nursing Home Facility	\$ 113,986.00	\$ 113,986.00
2. SEE	Related Party-AMS	\$ 130,007.00	\$ 6,105.00
3. ATTACHED	Related Party-Forum	\$ 15,792.00	\$ 774.00
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$ 259,785.00	\$ 120,865.00

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES X NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the original 2004 tax bills which were listed in Section A to this statement. Be sure to use the 2004 tax bill which is normally paid during 2005.

X. BUILDING AND GENERAL INFORMATION:

A.

Square Feet:

89,632

B.

General Construction Type:

Exterior

Brick

Frame

Steel

Number of Stories

2

C.

Does the Operating Entity?

☐

(a) Own the Facility

☐

(b) Rent from a Related Organization.

☒

(c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D.

Does the Operating Entity?

☐

(a) Own the Equipment

☐

(b) Rent equipment from a Related Organization.

☒

(c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E.

List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)

List entity name, type of business, square footage, and number of beds/units available (where applicable).

F.

Does this cost report reflect any organization or pre-operating costs which are being amortized?

☐

YES

☒

NO

If so, please complete the following:

1. Total Amount Incurred:

2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1				\$	1
2					2
3	TOTALS			\$	3

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	Related party-Forum			1978	\$ 14,541	\$	25	\$	\$	\$ 14,541	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	SHELVING			1995	5,122	256	20	256		2,753	9
10	ROOF REPAIR			1995	3,000	100	10	100		3,000	10
11	STEAMER REPAIR			1995	2,686	90	10	90		2,686	11
12	EXIT DOOR-FIRE			1995	4,225	282	15	282		2,934	12
13	REPAIR BOILER/HVAC-MAJ.REP.			1995	4,712		5			4,712	13
14	PIPE/VALVE/THERMOSTAT			1996	1,460	73	20	73		748	14
15	ELECTRICAL REPAIR/INSTALLATION			1996	2,110	106	20	106		1,046	15
16	SIGN			1996	7,233		5			7,233	16
17	WATER HEATER ON DISHWASHER			1996	7,464	746	10	746		7,215	17
18	WALLGUARD			1996	2,096	140	15	140		1,328	18
19	INSTALL BOILER-MAJ.REP.			1996	33,750	1,688	20	1,688		15,891	19
20	REPLACE CONDENSOR WALK IN COOLER			1996	5,514	551	10	551		5,192	20
21	INSTALL ALUM. LOGO			1996	1,995	166	12	166		1,704	21
22	DESIGN SERVICE			1996	8,100	405	20	405		3,746	22
23	WASHROOM IMPROVEMENTS			1996	2,186	109	20	109		1,020	23
24	PIPING-MAJ.REP.			1996	4,000	267	15	267		2,422	24
25	PIPING-MAJ.REP.			1996	3,500	233	15	233		2,158	25
26	ATASH(replaced heat detector&fire dampers)			1997	959		5			959	26
27	ATASH(installed access panels)			1997	924		5			924	27
28	ATASH(fire alarm repairs)			1997	2,212		5			2,212	28
29	CLIMATE(installation of water heaters)			1997	7,342		5			7,342	29
30	CLIMATE(replced hydro.boiler)			1997	4,568		5			4,568	30
31	Wally's flooring(install new tiles).			1997	2,659		5			2,659	31
32	ATASH(SPRINKLER WORK)INV.#9120&9121			1997	3,072		5			3,072	32
33	ATASH(SPRINKLER WORKS)			1997	2,062		5			2,062	33
34	Climate srvc(two water heater)			1997	15,600		5			15,600	34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Wigdahl(install light fixtures)	1997	\$ 7,207	\$	5	\$	\$	\$ 7,207	37
38	Wigdahl(install light fixtures)	1997	6,204		5			6,204	38
39	Climate(install compressor)	1997	6,750		5			6,750	39
40	Star contractor(door frame)	1997	2,973		5			2,973	40
41	Wally's flooring(install new tiles).	1997	2,659		5			2,659	41
42	Climate svcs(new pipe and air vents)	1997	6,354		5			6,354	42
43	EQUIPMENT INT'L LTD. (labor, parts, assembly)	1997	2,542		5			2,542	43
44	DOOR	1997	3,109	311	10	311		2,720	44
45	INSTALL NEW DROP CEILING	1997	2,175	181	12	181		1,586	45
46	DESIGN SERVICES	1997	931	47	20	47		415	46
47	NEW DRIVEWAY LIGHTING	1998	8,101	540	15	540		4,276	47
48	REPLACE WASHING MACHINE MOTORS	1998	1,752		5			1,752	48
49	REPLACE BOILER	1998	4,253	212	20	212		1,679	49
50	REPAIR PUMP MOTOR	1998	3,312		5			3,312	50
51	REPAIR DRYERS	1998	2,534	253	10	253		1,985	51
52	REPAIR EMEGENCY CIRCUITS	1998	1,510	151	10	151		1,183	52
53	REPAIR EMEGENCY LIGHTING SYSTEM	1998	273	27	10	27		214	53
54	REPLAC E COMPRESSOR	1998	1,301	130	10	130		1,019	54
55	REPLACE SEAVES ON ROOF	1998	10,500	700	15	700		5,192	55
56	REPLACE HOT WATER HEATER	1998	2,200	220	10	220		1,650	56
57	REPAIR GENERATOR	1998	5,228	349	15	349		2,556	57
58	REPLACE BEARING IN WASHER	1998	1,296	65	20	65		480	58
59	PATTEN-REPAIR GENERATOR	1998	655	33	20	33		243	59
60	D.B.S. Contracting(sprinkler system installation)	1999	32,838	1,314	25	1,314		9,085	60
61	D.B.S. Contracting(sleeve pipeline for sprinkler system)	1999	5,720	572	10	572		3,956	61
62									62
63	Climate Service (pipework for boiler and storage tank)	1999	2,032		5			2,032	63
64	D.B.S. Contracting (need invoice)	1999	3,425	343	10	343		2,255	64
65	Chicago Cooling (repair pump)	1999	2,482		5			2,482	65
66	AMC Building Material	1999	4,131	454	10	413	(41)	2,891	66
67	AMC Sprinklers	1999	3,853	424	10	385	(39)	2,695	67
68	System Electric(generator repair)	1999	2,720	272	10	272		1,700	68
69	Patten Industries(install starter)	1999	5,495	550	10	550		3,435	69
70	TOTAL (lines 4 thru 69)		\$ 299,606	\$ 12,358		\$ 12,278	\$ (80)	\$ 215,209	70

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 299,606	\$ 12,358		\$ 12,278	\$ (80)	\$ 215,209	1
2	AMC Building Material	1999	1,876	206	10	188	(19)	1,316	2
3	Fox Valley(sprinkler repair)	1999	1,803	120	15	120		741	3
4	Alden Bennet Cons.install tank)	1999	6,281	628	10	628		3,821	4
5	Alden Bennet Cons.(repair wind damage)	1999	34,195	1,368	25	1,368		8,321	5
6	AMC Security system	1999	7,273	727	10	727		4,424	6
7	AMC carpentry	1999	8,577	943	10	858	(86)	6,006	7
8	Climate Service (repair HVAC)	1999	9,358	936	10	936		5,693	8
9	ABC-construction mainten. Adjustment-various	1999	1,129	409	10	113	(296)	791	9
10	Climate services (A/C REPAIR)	2000	2,482		5			2,482	10
11									11
12	B&L Locksmith (knob set)	2000	3,750	250	15	250		1,458	12
13	Alden Bennett Construction (major repairs)	2000	1,628		5			1,628	13
14	D.B.S. Contracting (repair lawn sprikler system)	2000	1,635	164	5	164		1,635	14
15	D.B.S. Contracting (repair lawn sprikler system)	2000	2,285	229	5	229		2,285	15
16	Alden Bennett Construction (major repairs)	2000	2,643	291	10	264	(27)	1,584	16
17	Alden Bennett Construction (time & material billing per fac)	2000	2,105	231	10	211	(21)	1,266	17
18	alden design-architectural/designing	2000	2,628	131	20	131		712	18
19	alden design-architectural/designing	2000	3,300	165	20	165		894	19
20	ABC-time & materials-maj. Leasehold improv-various	2000	1,918	141	15	128	(13)	768	20
21									21
22	Patten industries 1137844(major repair for electric starting motor)	2001	4,103	410	10	410		2,051	22
23	Alden bennett construction (drive way improvement)	2001	1,096	80	15	73	(7)	365	23
24	T & T irrigation (lawn sprinkler system)	2001	2,064	206	10	206		877	24
25	Alden bennett construction	2001	9,690	1,066	10	969	(97)	4,845	25
26	New horizons commu1884(installation hardware phone)	2001	1,986	199	10	199		976	26
27	ABC-Pond, parking lot, and site improvements related to these	2001	642,434	27,718	25	25,697	(2,021)	128,485	27
28	Alden Bennett Constr.-Roof repairs	2002	1,856	408	5	371	(37)	1,484	28
29	CSI-Coker	2002	2,502	500	5	500		1,960	29
30	Alden Bennett Constr.-Misc repairs	2002	1,628	626	5	326	(301)	1,304	30
31	Valley Fire Protection Systems (replace fire sprinkler pipes)	2003	9,000	900	10	900		2,700	31
32	Capps Plumbing & Sewer (Pump For Sprinkler System)	2003	4,324	865	5	865		2,594	32
33	Alden Bennett Constr (Misc. repairs)	2003	5,417	1,192	5	1,083	(108)	3,249	33
34	TOTAL (lines 1 thru 33)		\$ 1,080,572	\$ 53,468		\$ 50,356	\$ (3,111)	\$ 411,924	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 1,080,572	\$ 53,468		\$ 50,356	\$ (3,111)	\$ 411,924	1
2	The Floor Source (Alden Design)(2nd flr-corridor carpet/public spa	2003	22,250	2,781	8	2,781		7,185	2
3	The Floor Source (Alden Design)(carpet-corridor attic stock)	2003	4,289	858	5	858		2,073	3
4	C I Service (Alden Design) (2nd floor-corridor window treatments)	2003	12,949	1,619	8	1,619		3,778	4
5	Reagal Mirror & Art (resident room art tackboards)	2003	5,675	709	8	709		1,655	5
6									6
7	Controlled Irrigation (repair sprinkler system)	2003	2,137	427	5	427		997	7
8	Alden Bennett Constr (sink,drain,faucetsprinkler system)	2003	17,025	1,873	10	1,703	(170)	5,109	8
9	A & B Custom Cable (cable installation)	2003	3,100	310	10	310		698	9
10	Alden Bennett Constr (roof repairs)	2003	12,754	1,403	10	1,275	(128)	3,825	10
11	ALDEN BENNETT CONSTRUCTION (FILE CABINET,NURSE S	2003	3,927	288	15	262	(26)	786	11
12	C I SERVICE(ALDEN DESIGN)(BEDSPREADS,DRAPERIES)	2003	23,920	2,990	8	2,990		7,475	12
13	A&B CUSTOM CABLE (CABLE INSTALLATION)	2003	2,495	250	10	250		624	13
14	ALDEN BENNETT CONSTRUCTION (2ND FLOOR REMODEL	2003	243,207	30,401	8	30,401		76,002	14
15	ALDEN BENNETT CONSTRUCTION (BULLETIN BOARDS,PU	2003	6,175	710	10	618	(93)	1,854	15
16	HENRICKSEN (ALDEN DESIGN)(SECOND FLOOR RESIDENT	2003	33,234	4,154	8	4,154		9,693	16
17	HENRICKSEN (ALDEN DESIGN)(SECOND FLOOR PUB SPAC	2003	20,151	2,519	8	2,519		5,667	17
18	ALDEN BENNETT CONSTRUCTION (2ND FLOOR REMODEL	2003	46,393	9,821	8	5,799	(4,022)	17,397	18
19	ALDEN BENNETT CONSTRUCTION (2ND FLOOR REMODEL	2003	188,477	25,871	8	23,560	(2,311)	70,680	19
20	ALDEN BENNETT CONSTRUCTION (DOOR)	2003	4,065	407	10	407		1,150	20
21									21
22	Equipment International (replace bearings in washer)	1998	1,738	116	15	116		831	22
23									23
24	Graphic Systems (remodelled second floor Signage)	2004	2,519	252	10	252		483	24
25	Alden Bennett Const (toilets, sheet metal work for oxygen tank)	2004	6,569	462	15	438	(24)	876	25
26	CSI Coker -1 Walkin cooler replacement	2004	2,980	596	5	596		1,192	26
27	GT Mechanical (Circ Pump-Doctors' room leaking)	2004	1,667	111	15	111		139	27
28	GT Mechanical (Cooling for Electric Suction Room)	2004	6,325	633	10	633		738	28
29	GT Mechanical (Rooftop,Boiler and Exhaust fan repairs)	2004	4,681	234	20	234		254	29
30	CSI Coker (Dishwasher, Steamer repairs)	2004	2,431	243	10	243		263	30
31	GT Mechanical (Repairs-electric feeds-RTU's-2nd floor roof)	2004	6,077	304	20	304		329	31
32	CSI Coker (Dishwasher, Steamer repairs)	2004	1,566	157	10	157		170	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,769,348	\$ 143,964		\$ 134,079	\$ (9,885)	\$ 633,847	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 1,769,348	\$ 143,964		\$ 134,079	\$ (9,885)	\$ 633,847	1
2	ALDEN BENNETT CONSTRUCTION (2ND FLOOR REMODEL	2004	(22,058)	(2,757)	8	(2,757)		(5,285)	2
3	TNS Inc. (DSL cable)	2004	1,725	345	5	345		661	3
4	ALDEN BENNETT CONSTRUCTION (Unit 30 remodelling) recla	2004	13,902	2,228	8	1,738	(491)	3,476	4
5	HENRICKSEN (ALDEN DESIGN)(SECOND FLOOR RESIDENT	2004	(33,234)	(4,154)	8	(4,154)		(9,693)	5
6	HENRICKSEN (ALDEN DESIGN)(SECOND FLOOR PUB SPAC	2004	(20,151)	(2,519)	8	(2,519)		(5,667)	6
7	ALDEN BENNETT CONSTRUCTION (5 toilets bowl/tank new sys	2004	2,301	132	20	115	(17)	230	7
8	ALDEN BENNETT CONSTRUCTION (5 toilets bowl/tank new sys	2004	878	51	20	44	(7)	88	8
9	ALDEN BENNETT CONSTRUCTION (FENCING, FLOORING,M	2004	15,285	1,758	10	1,529	(229)	3,058	9
10	NEW HORIZONS COMMUNIC-INCREASE CAPACITY OF PH	2004	3,755	376	10	376		720	10
11	NEW HORIZONS COMMUNIC-INCREASE CAPACITY OF PH	2004	7,160	716	10	716		1,372	11
12	NEW HORIZONS COMMUNIC-INCREASE CAPACITY OF PH	2004	969	97	10	97		186	12
13	BROLIN LOCK & SAFE (REPLACE LOWER LEVEL LOCKS/K	2004	5,512	551	10	551		1,102	13
14	ALDEN BENNETT CONSTRUCTION (West side-Permanent Ligh	2004	3,541	177	20	177		295	14
15	C I SERVICE(ALDEN DESIGN)(BEDSPREADS,DRAPERIES)	2004	24,107	3,013	8	3,013		5,776	15
16	ALDEN BENNETT CONSTRUCTION (GT Mechanical-Generator	2004	10,656	426	25	426		568	16
17	ALDEN BENNETT CONSTRUCTION (Central States-Sprinkler S	2004	13,017	521	25	521		868	17
18									18
19	NEW HORIZONS COMMUNIC-INCREASE CAPACITY OF PH	2005	7,347	367	10	367		367	19
20	Alden Bennett Comstruction(Passage on door)	2005	3,662	671	5	671		671	20
21	ABC(piping and electrical work)	2005	4,619	39	10	39		39	21
22	Central States Automatic Sprinklers(Drv Pipe Valve & Sprinkler P	2005	9,514	317	25	317		317	22
23	GT Mechanical (2 Heater Unit repairs)	2005	1,813	89	17	89		89	23
24	Capps Plumbing (Triple Sink Grease Trap)	2005	1,920	64	25	64		64	24
25	CSI Coker(Refridgerator Repairs)	2005	1,511	113	10	113		113	25
26	GT Mechanical (Bathroom Exhaust Fan repairs)	2005	1,787	67	20	67		67	26
27	CSI Coker(Refridgerator Repairs)	2005	3,971	298	10	298		298	27
28	Alden Bennett Construct(New sidewalk, new plumbing)	2005	4,139	552	5	552		552	28
29	Cybor Fire Protection(Sprinkler repair)	2005	4,660	311	10	311		311	29
30	Cybor Fire Protection(Sprinkler repair)	2005	2,000	100	10	100		100	30
31	GT Mechanical(Dining room AC Repairs)	2005	1,922	80	10	80		80	31
32	Capps Plumbing (Drainage Major repairs)	2005	1,755	44	10	44		44	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,847,333	\$ 148,037		\$ 137,408	\$ (10,629)	\$ 634,713	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$1,847,333	\$148,037		\$137,408	\$(10,629)	\$634,713	1
2	Capps Plumbing(Drainage major repairs)	2005	3,265	82	10	82		82	2
3	PattenCat(ATS Terminal Connect)	2005	4,454	111	10	111		111	3
4	TopNotch(Dishwasher major repairs)	2005	2,177	36	10	36		36	4
5	GT Mechanical Repair work on Heaters	2005	1,665	28	5	28		28	5
6	Replace CPU/Power supply on Fire Panel	2005	1,758	29	5	29		29	6
7	TopNotch service repairs to Hot Water Heater	2005	1,740	15	10	15		15	7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$1,862,391	\$148,338		\$137,709	\$(10,629)	\$635,014	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 1,862,391	\$ 148,338		\$ 137,709	\$ (10,629)	\$ 635,014	1
2									2
3	Related Party-Forum Prof Center Building:								3
4	Leasehold Improvement-Remodeling	1980	11,034		15			11,034	4
5	Leasehold Improvement-Remodeling	1980	17,284		20			17,284	5
6	Leasehold Improvement-Tenant Improvement	1987	893		13			893	6
7	Leasehold Improvement-AMS Remodel	1988	14,339		10			14,339	7
8	Leasehold Improvement-Roof	1994	3,203	200	16	200		2,204	8
9	Leasehold Improvement-Build.Improv.	1996	1,129	71	16	71		702	9
10	Leasehold Improvement-Asphalting	2000	88		3			88	10
11	Leasehold Improvement-DAI	2001	154	15	10	15		64	11
12	Leasehold Improvement-Bathrooms	2002	667	76	7	76		242	12
13	Leasehold Improvement-Suite Renovation	2003	1,638	164	10	164		491	13
14	Leasehold Improvement-Plumbing, Construct, Concrete, Doors, etc	2004	1,801	329	7	329		465	14
15	Leasehold Improvement-Add-on Improvement, fixture base	1980	71		23			71	15
16	Leasehold Improvement-Add-on Improvement, lighting base	2001	123	25	5	25		117	16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26	Related Party-AMS:								26
27	Leasehold Improvement-Remodeling	1993	5,938		7			5,938	27
28	Leasehold Improvement-Remodeling	2002	4,861	694	7	694		1,997	28
29	Leasehold Improvement-Remodeling	2003	5,085	726	7	726		2,072	29
30									30
31									31
32									32
33	Forum Extended Care, LLC-building/building improv	1999	12,928	306	30	306		2,139	33
34	TOTAL (lines 1 thru 33)		\$ 1,943,628	\$ 150,945		\$ 140,316	\$ (10,629)	\$ 695,154	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$485,067	\$58,024	\$58,024	\$	Various	\$201,406	71
72	Current Year Purchases	57,478	5,856	5,856		Various	5,856	72
73	Fully Depreciated Assets	121,567	2,607	2,607		Various	121,567	73
74								74
75	TOTALS	\$664,112	\$66,488	\$66,488	\$		\$328,829	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Car engine/bus/van	Various/Dodge	98-'04	\$8,164	\$	\$	\$	3	\$8,164	76
77	Related Party-AMS	Various/Bus/Autos	1998-2004	4,706	111	111		3	4,638	77
78										78
79										79
80	TOTALS			\$12,870	\$111	\$111	\$		\$12,802	80

E. Summary of Care-Related Assets

	1	2	
	Reference	Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$2,620,609	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$217,543	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$206,914	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$(10,629)	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$1,036,785	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: T.L. Enterprises
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. ☒ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:		248	03/01/95	\$ 1,369,301	15 years	15	3
4	Additions							4
5								5
6								6
7	TOTAL		248		\$ 1,369,301			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease .

9. Option to Buy: ☒ YES ☐ NO Terms: Purchase option/deposit *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☐ NO
16. Rental Amount for movable equipment: \$ 15,167 Description: Copy Machine Lease-\$15,166.54
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Related Party - AMS	Various	\$ #####	\$ 26,499	17
18	Work/patient care	Various	122.40	1,469	18
19					19
20					20
21	TOTAL		\$ #####	\$ 27,968	21

10. Effective dates of current rental agreement:
Beginning 03/1/95
Ending 03/1/10
11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending	Annual Rent
12. /2006	\$ 1,369,301
13. /2007	\$ 1,369,301
14. /2008	\$ 1,369,301

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES

☒ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

Skilled Nurses on Site

B. EXPENSES

		ALLOCATION OF COSTS (d)			
		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

\$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 228,633	\$		\$ 228,633	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			119,617			119,617	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			363,309			363,309	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See Page 16A	# of prescrpts				304,286		304,286	9
	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							
10			hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program			25,786			50,622		76,408	12
13	Other (specify):	See Page 16A				(27,272)	534,051		506,779	13
14	TOTAL			\$ 25,786		\$ 684,287	\$ 888,959		\$ 1,599,032	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

	Page 16
	Col 5: PT,OT, & ST
XIV. Special Services (Direct Cost)	Col 6: Supplies

Service Description	Col. 1: Ref. No.	To Pg 16: Col. No.	
1. OT	39-3	To Col	228,632
2. ST	39-3	To Col	119,617
3.			
4. PT	39-3	To Col	363,309
5.			
6.			
7.			
8.			
Pharmacy Supplies per GL			213,799
Manual Input from Related Party- Forum Drugs			90,487 From Pg 6C
			- - - - -
9. Total to line 9 Pharmacy	See Pg 16A	To Col	304,286
			- - - - -
10.			
11.			
12. Exceptional Care-Salaries:	See pg 16A	To Col	25,786
12. Exceptional Care-Supplies:	See pg 16A	To Col	50,622
			- - - - -
Total Exceptional Care (Line 12, Col 8)			76,408
			- - - - -
13. Other:	See Pg 16A		
13. Col 5: Manual Input: Related Party - CPT		To Col	(27,272) From Pg 6D
Other			783,393
Manual Input: Related Party - Pyramid			(173,393) From Pg 6B
Manual Input: Related Party FECII - I.V.			(120,763) From Pg 6C
Manual Input: Related Party FECII- Wound Vac			(1,367)
Oxygen, from reclass worksheet			46,182 From Pg 24
			- - - - -
13. Col 6: Supplies Total		To Col	534,052
			- - - - -
13. Total Line 13, Column 8			506,780
			- - - - -
14. Total			1,599,033
			=====

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ (261,145)	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	2,374,324		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	8,971		6
7	Other Prepaid Expenses	5,502		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	110,108		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,237,760	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	2,132,953		15
16	Equipment, at Historical Cost	573,875		16
17	Accumulated Depreciation (book methods)	(1,031,884)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	196,110		21
22	Other Long-Term Assets (specify):	744,000		22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,615,054	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,852,814	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 2,773,538	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	346,094		28
29	Short-Term Notes Payable	18,595		29
30	Accrued Salaries Payable	372,380		30
31	Accrued Taxes Payable (excluding real estate taxes)	54,689		31
32	Accrued Real Estate Taxes(Sch.IX-B)	117,400		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	accrued insur, expense, idpa, etc.	922,977		36
37	Due to affiliates	9,367,646		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 13,973,319	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 13,973,319	\$	46
47	TOTAL EQUITY (page 18, line 24)	\$ (9,120,505)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 4,852,814	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (8,298,228)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (8,298,228)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(822,277)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (822,277)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (9,120,505)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Long Grove Rehab & HC Ctr # 0040683 Report Period Beginning: 01/01/2005 Ending: 12/31/2005

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

1			
	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 9,448,527	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,448,527	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	158,996	6
7	Oxygen	100,292	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 259,288	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	1,060	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio	45	15
16	Rental of Facility Space		16
17	Sale of Drugs	11,749	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	(65,902)	19
20	Radiology and X-Ray		20
21	Other Medical Services	177,402	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 124,354	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	218	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 218	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Page 19A	5,412	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 5,412	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 9,837,799	30

2			
	Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,375,609	31
32	Health Care	3,416,040	32
33	General Administration	2,125,499	33
	B. Capital Expense		
34	Ownership	1,821,988	34
	C. Ancillary Expense		
35	Special Cost Centers	1,785,160	35
36	Provider Participation Fee	135,780	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 10,660,076	40
41	Income before Income Taxes (line 30 minus line 40)**	(822,277)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (822,277)	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? not yet done If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Long Grove
2005

Column 1
Amount

Column 1
Amount

Page 19A

Must be submitted if there is a balance on Line 28. You need only report the info that has a balance.

Miscellaneous Income gl 4977	876.10	
Telephone(private only, not offset on Schdl V)	45.00	876.10 Utility Refunds
Prior Year A/P Adjustment	4,535.96	

Total of line 28	5,457.06	
	=====	
		<u>876.10</u>

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,864	2,072	\$ 83,580	\$ 40.34	1
2	Assistant Director of Nursing	1,848	2,080	72,893	35.04	2
3	Registered Nurses	29,490	31,214	972,183	31.15	3
4	Licensed Practical Nurses	9,312	10,094	256,540	25.42	4
5	CNAs & Orderlies	85,715	91,602	1,250,407	13.65	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,519	2,655	38,790	14.61	8
9	Activity Director	2,056	2,080	31,830	15.30	9
10	Activity Assistants	3,869	3,977	39,757	10.00	10
11	Social Service Workers					11
12	Dietician					12
13	Food Service Supervisor	7,011	7,391	90,924	12.30	13
14	Head Cook					14
15	Cook Helpers/Assistants	23,963	25,515	214,708	8.41	15
16	Dishwashers					16
17	Maintenance Workers	2,040	2,080	36,719	17.65	17
18	Housekeepers	21,547	22,920	194,114	8.47	18
19	Laundry	5,006	5,319	40,266	7.57	19
20	Administrator	2,016	2,080	110,220	52.99	20
21	Assistant Administrator	184	192	10,769	56.09	21
22	Other Administrative	6,728	7,190	147,536	20.52	22
23	Office Manager	2,048	2,064	24,902	12.06	23
24	Clerical	2,035	2,074	16,633	8.02	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,455	3,576	116,188	32.49	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	8	8	135	16.88	31
32	Other Health Care Alz Aide, Alz Supe	6,860	7,180	134,493	18.73	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	219,574	233,363	\$ 3,883,587 *	\$ 16.64	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	800/Monthly	\$ 9,600	1-3	35
36	Medical Director	Monthly	88,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	5,952	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	54	2,890	11-3	44
45	Social Service Consultant	17	936	11-3	45
46	Other(specify) Alzheimers Consultan	25	1,369	11-3	46
47					47
48					48
49	TOTAL (lines 35 - 48)	96	\$ 108,747		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$		50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)		\$		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description		Amount	Description	Amount
Evangelia Foutris	Asst Admin	0	\$ 2,692	Workers' Compensation Insurance	\$	91,225	IDPH License Fee	\$
Maria Rosete	Asst Admin	0	4,772	Unemployment Compensation Insurance		43,029	Advertising: Employee Recruitment	830
Rosalin Tolentino	Administrator	0	113,525	FICA Taxes		287,966	Health Care Worker Background Check	87
				Employee Health Insurance		50,821	(Indicate # of checks performed 13)	
				Employee Meals		25,498	Surety Bond Fees	1,030
				Illinois Municipal Retirement Fund (IMRF)*			Dues & Subscriptions	1,645
TOTAL (agree to Schedule V, line 17, col. 1)				Related Party-FEC II & AMS			Secretary of State	100
(List each licensed administrator separately.)			\$ 120,989	Dental, Life & Pension		1,466	IL Healthcare Assoc	8,140
B. Administrative - Other				Misc, Tuition, Employee Relations		5,088	Related Party - AMS	560
Description			Amount	Drug Tests, 401K match, Vaccinations		2,821	Less: Public Relations Expense	()
			\$	Marketing Manager Benefit Deduction		(9,815)	Non-allowable advertising	()
				FEC II-Employee Vaccination		919	Yellow page advertising	()
				TOTAL (agree to Schedule V, line 22, col.8)	\$	499,018	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 12,392
TOTAL (agree to Schedule V, line 17, col. 3)				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
(Attach a copy of any management service agreement)				Description	Line #	Amount	Description	Amount
C. Professional Services						\$	Out-of-State Travel	\$
Vendor/Payee	Type		Amount					
Alden Management Service	Management Fees	\$	728,006				In-State Travel	
BDO Seidman	Accounting Fees		14,705				Auto & Travel	1,050
Ken Fisch/Greenberg	Legal Fees		21,578				Misc. Gas	2,597
Pathway	Profess. Consult.		3,716				Related Party-AMS	15,526
IL State Police	Background Checks *		390				Seminar Expense	
SMS	Glucose Bill. Consult.		3,204				Alzheimer's Association	1,158
MediCom	billing consult.		505				ILL Health Care Assoc	910
Midwest Medical Records	Medical Rec. Retrieval		1,217				Deming Seminar	1,250
Amer.Express Tax/Bus	Appeal		230				Entertainment Expense	()
AMS	Management Fees		221				(agree to Sch. V, line 24, col. 8)	
* Resident Background checks reclassified to G & A							TOTAL	\$ 22,491
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL		\$		
(If total legal fees exceed \$2500 attach copy of invoices.)			\$ 773,770					

* Attach copy of IMRF notifications

**See instructions.

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

1		2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010
1	PLUMBING	9/95	\$ 2,766	3	\$	\$	\$	\$	\$	\$	\$	\$	\$
2	PAINTING,SMOKE DET	12/95	3,737	3-10	128	128	128	117					
3	PAINTING	1/96	2,369	3									
4	PAINTING	2/96	1,798	3									
5	PAINTING	3/96	1,844	3									
6	PAINTING	5/96	2,336	3	see page 22A for grand totals....								
7	PAINTING	4/96	12,094	3									
8	BOILER REPAIRS	5/96	2,100	3									
9	PAINTING	7/96	4,364	3									
10	PAINTING	6/96	2,141	3									
11	PAINTING	8/96	4,395	3									
12	PAINTING	9/96	1,606	3									
13	CHEMICAL FILTER	11/96	2,229	15	149	149	149	149	149	149	149	149	
14	PAINTING	12/96	2,331	3									
15	Install compressor(hvac)	6/97	4,125	3									
16	painting	6/97	35,000	3									
17	hvac/hot water sensor	6/97	2,322	3									
18	water chiller/hvac	7/97	1,800	3									
19	boiler controller/hvac	11/97	3,125	3									
20	TOTALS		\$ 92,482		\$ 277	\$ 277	\$ 277	\$ 266	\$ 149	\$ 149	\$ 149	\$ 149	\$

Facility Name & ID Number Alden Nursing Center - Long Grove 2005 Ending: 12/31/2005

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

1		2		3		4		5		6		7		8		9		10		11		12		13	
	Improvement Type		Month & Year Improvement Was Made		Total Cost		Useful Life																		
									FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2009								
1	Climate Srv-repair pump		12/97		1,859	3																			
2	Custom Appl-a/c's		1/98		2,940	3																			
3	painting 1998		3/98		4,139	3	0																		
4	painting 1998		6/98		5,582	3	0																		
5	painting 1998		9/98		4,240	3	0																		
6	painting 1998		12/98		3,014	3	0																		
7	H.Scales-abt appliance		8/99		3,034	3	590																		
8	CSI-flow switch/hvac		10/99		3,828	3	957	0																	
9	Capps-sewer rodding		9/99		1,680	3	373	0																	
10	CSI- hvac		12/99		2,482	3	758	0																	
11	Painting>\$1,500 ytd 1999		7/99		13,288	3	2,215	0																	
12	CAPPS PLUMBING (SEWAGE CLE		5/00		5,430	3	1,810	603	0																
13	VENDOR REC REVERSING				(2,482)	3																			
14	GT MECHANICAL (chiller circulatin		8/00		1,523	3	508	296	0																
15	WRITE OFF CUST MAPP ?				(2,940)	3																			
16	Alde Bennett Construction (time & m		12/00		21,314	3	7,105	6,512	0																
17	Painting>\$1,500 ytd 2000		7/00		8,699	3	2,900	1,450	0																
18	GT Mechan. (hvac repair)		2001		1,507	3	502	502	503	301															
19	Painting>\$1,500 for 2001		2001		2,048	3	683	683	341	0															
20	Sherwin Williams --Painting		1/02		9,990	3	3,330	3,330	3,330																
21	CSI -- Service Cleveland		2/02		6,313	3	579	2,104	2,104	1,526															
22	GT Mechan. (compressor-A/C)		5/04		3,119	3			693	1,040	1,040	346													
23																									
24	Totals from Page 22 . . .				92,482		277	277	277	266	149	149	149	149	149	149	149								
25	TOTALS			\$	193,088		22,586	15,756	7,248	3,133	1,189	495	149	149	149	149	149								

Facility Name & ID Number Alden Long Grove Rehab & HC Ctr

0040683

Report Period Beginning: 01/01/2005

Ending: 12/31/2005

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. IL Healthcare Assoc. \$8,140
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 35,093 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 135,780
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 25,498 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? N/A
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? _____
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ 0
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: BDO Seidman, LLP The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? No If no, please explain. Not available yet
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.